

Performance Correction Form

Name:		Job Title:	Date:	
Supervisor:		Team/Department:		
STAGE (Check box):	☐ Verbal	☐ Written	☐ Final Written	
TYPE (Check box):	☐ Performance	☐ Behaviour	☐ Non-Compliance	
Description of the Performance or Behaviour to be Corrected:				
Client/Colleague/Other Complaints:				
Expectations/Requirements (see more on the Performance Improvement Plan):				
Time Period to Achieve Expectations:				

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Follow-up Meeting Dates & Progress Milestones:				
Consequences for Failure to Improve or Achieve Performance/Behaviour Expectations:				
Employee Comments:				
Supervisor Reply to Employee Comments				
<u>Signatures</u>	<u>Date</u>			
Employee:				
Supervisor:				
President:				
Originals Franciscope and File				
Original: Employment File				

Copy: Supervisor/Manager

Copy: Employee

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